

PROGRAM EXTENSION REQUEST FORM FOR F-1 OR J-1 STUDENTS

For student to complete:

STUDENT NAME/ID: _____ 000- _____ - _____
(LAST/FAMILY NAME) (FIRST NAME) (ID NUMBER)

INCLUDE FAMILY MEMBER(S) in US? Yes _____; If yes, how many? _____; No _____

CURRENT ACADEMIC PROGRAM/CURRICULUM: _____ (No abbreviations, please)

By signing below, I certify that I have maintained full-time enrollment, I have updated MyPack Portal ("Physical Address") with my current US address, maintained the university health insurance plan, and have attached the necessary financial funding to this form:

Student signature: _____ Date: _____

Please Read: You MUST attach supporting documentation, such as copy of RA/TA contract, sponsor letter, personal bank statement, etc. Funding for the I-20/DS-2019 must reflect guaranteed funding for at least one academic year in writing. If your department funding is/cannot be certified beyond one semester, be prepared to demonstrate additional funding (e.g. personal/family funding) for the subsequent semester. OIS cannot process a new I-20/DS-2019 without the appropriate financial documentation.

I am attaching documentation to certify at least one of the following:

- NC State Teaching/Research Assistantship \$ _____
- NOTE: If your stipend is less than \$762.50/biweekly or \$1518/month, you WILL need to show additional funding to cover living expenses. Please attach award letter valid through the dates of the extension.**
- GSSP contract: Yes _____ No _____
- All Other Organizations \$ _____ Name of organization: _____ Annual Monthly
- Personal Funding \$ _____

One Academic Year or more: \$17753 Tuition and Fees
Total: \$31,825 \$14072 Living Expenses
***Please add an additional \$6000 for spouse and \$4000 for each child.**

One Semester: \$8876.50 Tuition and Fees
Total: \$15,912 \$7036 Living Expenses
***Please add an additional \$3000 for spouse and \$2000 for each child.**

Summer: \$665 Tuition and Fees per 1 credit hour* for Undergraduates
 \$718 Tuition and Fees per 1 credit hour* for Graduates
 \$1973 per month living expenses
***Please add an additional \$667 per month for spouse and \$445 per month for each child.**
 *Funding requirements will be specific to the student's required credit hours for summer enrollment and length of extension.
If summer extension only: Please specify the required number of hours for enrollment during the summer: _____

OIS use only:

OIS Adviser	Date Received:	Date Processed:
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ACADEMIC ADVISERS RECOMMENDATION FORM
To be completed by Director of Graduate Programs or
Undergraduate Academic Adviser

Thank you for your assistance in completing this form. Please give this completed form to the student so that he/she may submit to OIS for further processing. If you have any questions about this form or program extensions for international students, please contact OIS.

1. Please indicate below the student's new anticipated semester of completion: _____
MM/DD/YYYY

2. Has this student maintained continuous full-time enrollment and made normal progress toward completion?
 Yes No Current TGPA: _____

3. Please specify the circumstances and academic reasons for delay in completion of degree program:

A delay caused by a change of major

A delay caused by a change in research topic/adviser

A delay caused by unforeseen research problems

Other (please explain) _____

DIRECTOR OF GRADUATE PROGRAMS OR UNDERGRADUATE ACADEMIC ADVISER CERTIFICATION

Name (please print): _____ Signature: _____

Email: _____ Fax: _____ Phone: _____ Date: _____

Additional Comments: